

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026772

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1173

FILED AUG 6 1962

## 1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Springfield

Length of stay in 1b  
9 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION D.O.A. Springfield Baptist Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY OR TOWN Springfield

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1147 S. Glenstone

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Rex Middle Irvin Last Rainey

4. DATE OF DEATH  
Month July Day 30 Year 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
6-2-1907

9. AGE (last birthday)  
55

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Funeral director

10b. KIND OF BUSINESS OR INDUSTRY  
Funeral Home

11. BIRTHPLACE (City and state or country)  
Republic Missouri

12. CITIZEN OF WHAT COUNTRY  
Missouri

## 13a. FATHER'S NAME

Wm. Lawrence Rainey

## 13b. MOTHER'S MAIDEN NAME

Elsie Mae Britain

## 14. NAME OF HUSBAND OR WIFE

Carmen Rainey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Carmen Rainey, Springfield, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Art. Scler Cor Pulm

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour 7:10 a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4 April 1965 to 30 July 1962 and last saw him alive on 29 July 1962  
Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Deed or title)  
Arthur J. Peterson M.D.

## 22b. ADDRESS

Springfield, Mo.

## 22c. DATE SIGNED

3 Aug 62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
8-1-1962

23c. NAME OF CEMETERY OR CREMATORY  
Marshfield Cemetery

23d. LOCATION (City, town, or county)  
Marshfield Missouri

## 24. FUNERAL DIRECTOR

ADDRESS  
Rex Rainey, Springfield, Mo.

25. DATE RECD. BY LOCAL REG.  
8-3-62

## 26. REGISTRAR'S SIGNATURE

Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1 0397

2 0397

3 2

4 0

5 1

6 0

7 0

8 2

94201

10

11

12 92-0

13

AUG 9 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lewis D. Schuff

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.